

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/	/					51	/	/		
2	/	/					52	/	/		
3	/	/					53	/	/		
4	/	/					54	/	/		
5	/	/					55	/	/		
6	/	/					56	/	/		
7	/	/					57	/	/		
8	/	/					58	/	/		
9	/	/					59	/	/		
10	/	/					60	/	/		
11	/	/					61	/	/		
12	/	/					62	/	/		
13	/	/					63	/	/		
14	/	/					64	/	/		
15	/	/					65	/	/		
16	/	/					66	/	/		
17	/	/					67	/	/		
18	/	/					68	/	/		
19	/	/					69	/	/		
20	/	/					70	/	/		
21	/	/					71	/	/		
22	/	/					72	/	/		
23	/	/					73	/	/		
24	/	/					74	/	/		
25	/	/					75	/	/		
26	/	/					76	/	/		
27	/	/					77	/	/		
28	/	/					78	/	/		
29	/	/					79	/	/		
30	/	/					80	/	/		
31	/	/					81	/	/		
32	/	/					82	/	/		
33	/	/					83	/	/		
34	/	/					84	/	/		
35	/	/					85	/	/		
36	/	/					86	/	/		
37	/	/					87	/	/		
38	/	/					88	/	/		
39	/	/					89	/	/		
40	/	/					90	/	/		
41	/	/					91	/	/		
42	/	/					92	/	/		
43	/	/					93	/	/		
44	/	/					94	/	/		
45	/	/					95	/	/		
46	/	/					96	/	/		
47	/	/					97	/	/		
48	/	/					98	/	/		
49	/	/					99	/	/		
50	/	/					100	/	/		
TOTAL IND.	59						TOTAL IND.				
TOTAL DEP.	68						TOTAL DEP.				
TOTAL CLAIMS	127						TOTAL CLAIMS				